Sixth Grade

School/Facility Annual Immunization Survey Worksheet

See Instructions for filling out the School/Facility Annual Immunization Survey Worksheet and the EXAMPLE

County:	School/Facility Name:
	- Control admity realists

Certificate Information						Vaccine Specific Information							
Child ID #	Date of Birth (MM/DD/YY)	Certificate Expiration Date (MM/DD/YY)	Current/ Provisional Certificate	Medical Exemption	Religious Exemption	No Certificate on File	Tdap	Td Booster	MCV	Hepa	titis B	MMR	Varicella
							# of doses on record	# of doses on record	# of doses on record	3 doses	Alt. 2 dose schedule	# of doses on record	# of doses on record
Totals													

NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.

^{***}Please make a copy of this form and turn it in with the School/Facility Annual Immunization Survey.***